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Division of Corporations

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Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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FLORIDA LIMITED LIABILITY CO. DIAZ GROUP INVESTMENT LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
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Page: 4 of 5

13053284774

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| DIAZ GROUP INVESTMENT LLC (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
|---|--------------------------------------|
| RTICLE II - Address: | |
| he mailing address and street address of the principal office | of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | |
| 1500 NE MIAMI PL | 1500 NE MIAMI PL |
| 1500 NE MIAMI PL APT 2708 | 1500 NE MIAMI PL APT 2708 |

NELSON MARIO DIAZ GOMEZ Name 1500 NE MIAMI PL., APT 2708

Florida street address (P.O. Box NOT acceptable) MIAMI FL 33132

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

13053284774

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|---|---|----|---|----|----|---|
| | | | | | | |

Page: 5 of 5

The name and address of each person authorized to manage and control the Limited Liability Company.

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Membe | T |
| "MGR" = Manager | |
| AMBR | NELSON MARIO DIAZ GOMEZ |
| MIDIC | 1500 NE MIAMI PL., APT 2708 |
| | MIAML FL 33132 |
| | |
| A A MOD | BAYE A ANDROADIA COME |
| AMBR | PAULA ANDREA DIAZ GOMEZ. 1500 NE MIAMI PL., APT 2708 |
| | MIAMI, FL 33132 |
| | Wild Will Ed SSISB |
| | TOTAL AT BEALTON OF A PART DE DECEMBED OF |
| AMBR | JOHN ALEJANDRO ALVAREZ RESTREPO |
| | 1500 NE MIAMI PL., APT 2708 MIAMI, FL 33132 |
| | WITAWIT, FL. 33132 |
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| | |
| (Use attachment if necessary) | |
| (SSS LINEONIALINI II LISOSANIA)) | |
| RTICLE V: Effective date, if other than | n the date of filing: (OPTIONAL) |
| | ust be specific and cannot be more than five business days prior to or 90 days after |
| ne date of filing.) | |
| | loes not meet the applicable statutory filing requirements, this date will not be listed a |
| he document's effective date on the De | |
| | Marian W. Carlo & 1900/40. |
| RTICLE VI: Other provisions, if any. | |
| | |
| | |
| <u> </u> | |
| REQUIRED SIGNATURE: | |
| Nelson diaz (Jan 27, 2 | 022 11:04 EST) |
| | e of a member or an authorized representative of a member. |
| | is executed in accordance with section 605 0203 (1) (b). Florida Statutes |

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NELSON MARIO DIAZ GOMEZ

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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